| PET | TION FOR EXTENSION OF TIME UNDER 37 | Docket Number (Optional) 018512-006610US | | | |
|---|---|--|------------------------------------|--------|--|
| FY 2007 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | | |
| Application Number 09/939,230 | | | Filed August 24, 2001 | | |
| For METHODS FOR TREATING OR PREVENTING PAIN AND ANXIETY | | | | | |
| Art Unit 1614 | | | Examiner Royds, Leslie A. | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | |
| | | Fee | Small Entity Fee | | |
| | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | |
| | Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ | |
| | Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$_525 | |
| | Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ | |
| | Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. | | | | | |
| | | | | | |
| П | Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a | | | | unt. | |
| \square | | | | | |
| | Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet. | | | | |
| | WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| | | | | | |
| I am the applicant/inventor. | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | | | | |
| | Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | |
| | attorney or agent of record. Registration Number 46,946 | | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | | |
| | | | | | |
| - | Sjgrjáturje | | October 10, 2007 Date | | |
| | Frank I Musself Box No. 46 046 | (005) 470 5000 | | | |
| - | Frank J. Mycroft, Reg. No. 46,946 Typed or printed name | | (925) 472-5000 Telephone Number | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than | | | | | |
| one signature is required, see below. | | | | | |
| Ш т | otal offorms are submi | itted. | | l l | |